

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) **10/049319**

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
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TOTAL				
TOTAL				
AMOUNTS				

TOTAL IND. TOTAL DEP. TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. GOVERNMENT PRINTING OFFICE 1960 14-1160